



Cambridge Youth Programs
Afterschool and Summer Program Application Packet
Youth Information

<hr/>	<hr/>	<hr/>	<hr/>		
Last Name	First Name	Date of Birth	Age		
<hr/>					
Home Address	City	Zip Code	Email Address		
<hr/>					
Eye Color	Hair Color	Skin Color	Height	Weight	Identifying Marks
<hr/>					

Racial/Ethnic Background:

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic/Latino ☐ White ☐ Other: _____

Gender: ☐ Male ☐ Female Primary Language Spoken at Home: _____

Please Check Each Session Desired

- ☐ Afterschool Session One: Tuesday, September 3, 2015 – Friday, January 10, 2016
- ☐ Afterschool Session Two: Monday, January 13, 2016 – Friday, June 16, 2016*
- ☐ Summer 2016
- *Subject to change

Registration Fee

Grades 4th and 5th - \$150.00 per session

(Free and /or Reduced Lunch Eligible \$50 per session)

Grades 6th, 7th and 8th – FREE!

Please make check or money order payable to "Cambridge Youth Programs"

(There is a separate fee and registration form for summer programs)

Parent/Guardian Information

<hr/>	<hr/>
Parent/Guardian #1 Name	Parent/Guardian #2 Name
<hr/>	<hr/>
Relation to Child	Relation to Child
<hr/>	<hr/>
Home Address	Home Address
<hr/>	<hr/>
Home Telephone Number	Home Telephone Number
<hr/>	<hr/>
Cell Phone Number	Cell Phone Number
<hr/>	<hr/>
E-Mail Address	E-Mail Address
<hr/>	<hr/>
Work Telephone #	Work Telephone #

School Information (as of September 2015)

Name of School: _____ Grade: _____ Teacher's Name: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian Initials:** _____

Parent/Guardian Signature

Date

For Office Use Only

Original Date of Admission into Program: _____

Youth Center Information (Please check the Youth Center your child will attend)

- ☐ **Area IV Youth Center** 243 Harvard Street (617) 349-6262
☐ **Frisoli Youth Center** 61 Willow Street (617) 349-6312
☐ **Gately Youth Center** 70R Rindge Avenue (617) 349-6277
☐ **Russell Youth Center** 680 Huron Avenue (617) 349-6314

Please specify when your child will attend the Youth Center. If your child does not show up on a day that he/she is scheduled, a staff person will call you. If you know in advance that your child will be absent, please notify the center as early as possible. (Please note, afterschool hours are 2:00 pm to 6:00 pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

Transportation Plan and Authorization

My child will **arrive** at the program by:

- _____ Unsupervised Walk
_____ Supervised Walk (who: _____)
_____ School Bus Drop Off
_____ Parent/Guardian Drop Off
_____ Other (Describe: _____)

My child will **depart** at the program by:

- _____ Unsupervised Walk
_____ Supervised Walk (who: _____)
_____ Parent/Guardian Pick Up
_____ Other (Describe: _____)

The following individuals may pick up my child from the program. If someone other than these people picks up my child, I will notify staff in writing in advance.

1. Name: _____ Relationship: _____
Address: _____ Phone Number: _____
2. Name: _____ Relationship: _____
Address: _____ Phone Number: _____
3. Name: _____ Relationship: _____
Address: _____ Phone Number: _____

I hereby give my child permission to participate in all Youth Center programs, activities and trips. I understand that the activities may include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to pre-adolescents.

Media Release

I _____ **do** _____ **do not** give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic and video reproductions of my child for publicity purposes.

Parent/Guardian Signature

Date

First Aid and Emergency Medical Care Consent

Child's Name

Date of Birth

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Instructions to reach parent/guardian:

- | | |
|------------------|---|
| 1. _____
Name | home phone: _____
work phone: _____
cell phone: _____ |
| 2. _____
Name | home phone: _____
work phone: _____
cell phone: _____ |

Child's Pediatrician or Source of Health Care:

_____ phone: _____
Name and Address

Child's Allergies: _____

Symptoms of Allergic Reaction: _____

Chronic Health Conditions/Medications: _____

(Please Note: If your child uses *any* medication {prescription including inhalers, over the counter including sunscreen and/or insect repellant} we must have a signed Medication Consent form on file for your child. The consent form must contain the signatures of the parent/guardian *and* the prescribing physician.)

Health Insurance Company: _____ **Policy #:** _____

Emergency Contacts (in order to be contacted if guardians are unable to be reached):

- | | |
|---|----------------|
| 1. Name: _____ | address: _____ |
| Relationship to child: _____ | phone: _____ |
| Do you give permission for your child to be released to this person? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 2. Name: _____ | address: _____ |
| Relationship to child: _____ | phone: _____ |
| Do you give permission for your child to be released to this person? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 3. Name: _____ | address: _____ |
| Relationship to child: _____ | phone: _____ |
| Do you give permission for your child to be released to this person? <input type="checkbox"/> yes <input type="checkbox"/> no | |

Parent/Guardian Signature

Date

Off-Site Activities Permission Form

Child's Name

Date of Birth

I, _____, give permission for my child to participate
(Parent/Guardian's Name)

in all of the regularly scheduled on-going activities located at the following off-site facilities:

Area IV Youth Center, Frisoli Youth Center, Gately Youth Center, Moore Youth Center,
Russell Youth Center, YMCA, Cambridge Community Center, parks, playgrounds and other
destinations within a one mile radius of the "home" Youth Center

The program will provide in writing a list of scheduled activities.

Parent/Guardian Signature

Date

Family Information Questionnaire

This form provides staff with a brief picture of your child and his/her family. The following information is strictly confidential and will only be used to help CYP staff understand and learn about your child. Any further information you feel might help the staff members make your child more comfortable at the program can be added on a separate sheet.

Child's Name: _____ Nickname: _____

1. Can your child speak and understand English? _____

2. How many children are in your family? _____

Name: _____ Gender: _____ Date of Birth: _____

Name: _____ Gender: _____ Date of Birth: _____

Name: _____ Gender: _____ Date of Birth: _____

Name: _____ Gender: _____ Date of Birth: _____

3. Others in family who live in the same house:

Name: _____ Gender: _____ Relationship: _____

Name: _____ Gender: _____ Relationship: _____

4. What do you hope your child gains from this program?

5. With which agencies, services or partners do you work to support your child's development?

6. Does your child have any special needs? (health, physical, emotional) Yes ____ No ____
If yes, what type?

7. Have there been any major changes in your family routine during the past year? A new baby?
Moving? Accident or injury to your child or other family member?

8. How does your child usually respond to a new experience? Shy? Assertive? Please describe:

9. What do you find most effective in calming your child when he/she is upset?

10. What activities does your child like best? Favorite toys/games/songs/activities?

11. What activities does your child seem to like least?

12. Are there any special dietary concerns and/or restrictions (e.g. foods not allowed, etc.)?

13. What additional aspects of your child's physical and/or emotional development would you like our staff to know about?

Additional comments:

Parent/Guardian Signature

Date



CAMBRIDGE YOUTH PROGRAMS HOMEWORK POLICY



(for school year programs)

The mission of the Cambridge Youth Programs is to offer diverse, high quality programs that promote leadership and youth development through enrichment activities, unique experiences, and opportunities to develop relationships with adults and peers. Our programs enable Cambridge youth to thrive and feel a sense of belonging, resulting in young adults who are ready for future employment, higher education, citizenship and adult life.

An essential component of our programs is homework assistance. Each of our afterschool programs offer daily homework assistance. Youth work on their homework in a separate space from other activities, while CYP staff is on hand to offer assistance. While we try our best to ensure youth complete their homework as assigned, the success of our homework room depends on solid communication between CYP staff, youth, parents and teachers. Please review the following policy so that we can work together to help our children achieve academic success:

CYP commits to:

- * Communicate with families and teachers about youth's homework assignments and progress
- * Provide alternate academic materials for youth who do not have homework or finish his/her homework before the allotted homework time ends
- * Offer guidance when youth are "stuck"
- * Help youth stay focused and on task
- * Encourage good work habits
- * Remove disruptive influences

CYP expectations of youth:

- * Come prepared with homework and assignments
- * Be honest about homework assignments
- * Be considerate by working quietly
- * Only ask for help after trying to complete work on his/her own

CYP cannot commit to:

- * Providing one-on-one tutoring
- * Forcing youth to do their work
- * Grading or correcting homework assignments
- * Disciplining youth for not completing work to family's or teacher's satisfaction
- * Ensuring youth *complete* homework daily

CYP expectations of parents/guardians:

- * Communicate with CYP about youth's homework and progress in school
- * Support CYP staff and policies
- * Encourage your child to display considerate, cooperative behavior
- * Review and discuss homework with your child

We understand that families are busy and quite often youth need to complete their homework while in afterschool. When possible, programs will provide additional homework time during activities so that students can continue to work on their homework, with the assistance of an adult. See your home Youth Center for additional, more specific homework information.

Finally, CYP is constantly working to provide professional development to our staff to ensure they are best able to support our youth in our homework centers. We work with many partners, including the Cambridge Public School District.

I have read and understand CYP's Homework Policy:

Printed name of guardian

Signature

Date

Printed name of child

Signature

Date

I have comments/questions/suggestions/concerns:

Area IV Youth Center
243 Harvard Street
(617) 349-6262

Frisoli Youth Center
61 Willow Street
(617) 349-6312

Gately Youth Center
70R Rindge Avenue
(617) 349-6277

Moore Youth Center
12 Gilmore Street
(617) 349-6273

Russell Youth Center
680 Huron Avenue
(617) 349-6314



**City of Cambridge
Department of Human Service Programs
Information Release Form**

(PRINT Child's Name)

(Name of School)

Please circle one: NEW STUDENT

RETURNING STUDENT

I am applying for: (Please check all your program choice(s).)

Youth Centers

- ☐ Area IV
- ☐ Frisoli
- ☐ Gately
- ☐ Russell
- ☐ Moore

**Community
Schools (CS)**

- ☐ Amigos CS
- ☐ Cambridgeport CS
- ☐ Fitzgerald CS
- ☐ Fletcher Maynard CS
- ☐ Haggerty CS
- ☐ Harrington CS
- ☐ Kennedy CS
- ☐ King CS
- ☐ Linnaean CS
- ☐ Morse CS
- ☐ Tobin CS

Afterschool Childcare

- ☐ Fletcher Maynard K-3
- ☐ King K-2
- ☐ King 2-5
- ☐ Morse K-2
- ☐ Morse 3-5
- ☐ Peabody K-2
- ☐ Peabody 2-5
- ☐ **King Open
Extended Day
(KOED)**

Preschool Childcare

- ☐ East Cambridge
- ☐ Haggerty
- ☐ King Open
- ☐ M. L. King
- ☐ Morse
- ☐ Peabody

Recreation

- ☐ Camp Rainbow
- ☐ The Cambridge Prgm
- ☐ War Memorial Prgms

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

**PERMISSION TO OBTAIN STUDENT RECORDS
(IEP, 504 Plan, behavior plans)**

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____ **Date:** _____

Revised 1/2012